

KENTUCKY BOARD OF LICENSURE OF DIABETES EDUCATORS

P. O. Box 1360
Frankfort, KY 40602
(502) 564-3296
<http://bde.ky.gov>

APPRENTICE RENEWAL APPLICATION

Pursuant to KRS 309.335 each apprentice diabetes educator must renew his or her permit by November 1st of each year. **Permits not renewed by the end of the grace period will terminate and you will be ordered to CEASE AND DESIST the practice of diabetes education in Kentucky.**

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- Complete this form by filling in the information requested below. Incomplete forms **will be** returned.
- Attach the appropriate renewal fee: Forms received without the appropriate fee **will be** returned.
Make check or money order payable to the Kentucky State Treasurer.

Renewals mailed on or before November (must be postmarked on or before November 1): \$50.00

Renewals mailed November 1 – January 30 (must be postmarked on or before January 30): \$70.00

- Return this form with your check or money order to the address listed above on or before November 1st.
Incomplete applications will be returned and will be subject to the late fee.

TO BE COMPLETED BY ALL LICENSEES, Incomplete forms will be returned: (Please Print)

Name: _____

Social Security # _____

Permit #: _____

Home Address:

Street or Box number	City	State	Zip Code	County
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Present Business Address:

Name of Company	Street or Box number	City	State	Zip Code	County
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Home Phone: _____ Business Phone: _____

E-Mail: _____

Have you been charged with, convicted of or pled guilty to a felony since your last renewal of Kentucky license?

[☐] Yes (Attach documentation)

[☐] No

Have you had disciplinary action taken against this license or any other professional license you currently hold since your last renewal?

[☐] Yes (Attach documentation including a certified copy of the final disciplinary action taken against you.)

[☐] No

SUPERVISION LOG PAGE
(Not required if application submitted prior to May 1, 2014)

A minimum of 750 hours of work experience within the last five years, with 250 of those hours being obtained within the last year preceding licensure application, are required.

"Supervisor" means a licensed diabetes educator in good standing as defined in KRS 309.325(3) or a master licensed diabetes educator in good standing as defined in KRS 309.325(6).

Clinical Supervisor's Name: _____

Professional Credentials: _____

Signature: _____

Number of Hours of Supervised Work Experience since last renewal: _____ Dates Obtained: _____

Telephone Number (Days only): _____

Additional Supervisor (if applicable):

Clinical Supervisor's Name: _____

Professional Credentials: _____

Signature: _____

Number of Hours of Supervised Work Experience since last renewal: _____ Dates Obtained: _____

Telephone Number (Days only): _____

Additional Supervisor (if applicable):

Clinical Supervisor's Name: _____

Professional Credentials: _____

Signature: _____

Number of Hours of Supervised Work Experience since last renewal: _____ Dates Obtained: _____

Telephone Number (Days only): _____

Total Supervised Work Experience Hours: _____

Applicant Affidavit

I do hereby certify that under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any misrepresentation or falsification, my application could be rejected or my license revoked by the Board.

Applicant's Signature

Date